

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0184	I FROM 5/ 1/2007	I --AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I TO 4/30/2008	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/29/2008 TIME 16:54

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MARION MEMORIAL HOSPITAL 14-0184

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 9/29/2008 TIME 16:54

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PI ENCRYPTION INFORMATION
DATE: 9/29/2008 TIME 16:54

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2		B 3	4
1 HOSPITAL	0	232,853	-244,694	0	
3 SWING BED - SNF	0	0	0	0	
100 TOTAL	0	232,853	-244,694	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0184	I	FROM 5/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 4/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/29/2008 TIME 16:57

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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MARION MEMORIAL HOSPITAL 14-0184

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	232,853	-244,694	0	
3 SWING BED - SNF	0	0	0	0	
100 TOTAL	0	232,853	-244,694	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 917 WEST MAIN ST
1.01 CITY: MARION P.O. BOX: STATE: IL ZIP CODE: 62959- COUNTY: WILLIAMSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				DATE	PAYMENT SYSTEM
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	(P,T,O OR N)
02.00 HOSPITAL	MARION MEMORIAL HOSPITAL	14-0184	2.01	3	V XVIII XIX
04.00 SWING BED - SNF	MARION MEMORIAL HOSPITAL	14-U184		7/ 1/1996 3/23/1999	4 5 6 N P O N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2007 TO: 4/30/2008
18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	3/23/1999		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?				

V	XVIII	XIX
1	2	3
N	Y	N
N	N	N
N	N	N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N

38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008

40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR # 52280

40.02 STREET: 4000 MERIDIAN BLVD. P.O. BOX:

40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067 6325

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					3
53.01 MDH PERIOD: BEGINNING: 5/ 1/2007 ENDING: 4/30/2008					
53.02 MDH PERIOD: BEGINNING: / / ENDING: / /					
53.03 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					
PREMIUMS: 277,959					
PAID LOSSES: 446,125					
AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	-----	-----	-----	-----	-----	-----
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2008
I	14-0184	I	FROM 5/ 1/2007	I	WORKSHEET	S-3
I		I	TO 4/30/2008	I	PART	I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	80	29,280			11,890		3,969
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)					222		
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	80	29,280			12,112		3,969
6	INTENSIVE CARE UNIT	12	4,392			2,123		1,018
11	NURSERY							1,884
12	TOTAL	92	33,672			14,235		6,871
13	RPCV VISITS							
25	TOTAL	92						
26	OBSERVATION BED DAYS							257
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		----- I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			20,905			
2	HMO						
2	01 HMO - (IRF PPS SUBPROVIDER)			255			
3	ADULTS & PED-SB SNF						
4	ADULTS & PED-SB NF						
5	TOTAL ADULTS AND PEDS			21,160			
6	INTENSIVE CARE UNIT			3,672			
11	NURSERY			2,208			
12	TOTAL			27,040			
13	RPCV VISITS						
25	TOTAL						
26	OBSERVATION BED DAYS	42	215	557	93	464	
27	AMBULANCE TRIPS						
28	EMPLOYEE DISCOUNT DAYS						
28	01 EMP DISCOUNT DAYS -IRF						

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					3,040	2,825	7,206
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		453.00			3,040	2,825	7,206
13	RPCV VISITS							
25	TOTAL		453.00					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	21,325,762		21,325,762	1,007,193.00	21.17	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	197,375		197,375	2,895.00	68.18	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	100,879		100,879	2,080.00	48.50	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF	\$					
9	EXCLUDED AREA SALARIES	93,143	23,694	116,837	5,147.00	22.70	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	3,000,953		3,000,953	53,731.00	55.85	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A						
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	2,016,462		2,016,462	36,385.00	55.42	
12	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	4,582,546		4,582,546			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	25,605		25,605			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
18.01	NON-PHYS ANESTHETIST PART B						CMS 339
19	PHYSICIAN PART A	43,254		43,254			CMS 339
19.01	PART A TEACHING PHYSICIANS						CMS 339
20	PHYSICIAN PART B	22,107		22,107			CMS 339
21	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
22	INTERNS & RESIDENTS (APPRVD)						CMS 339
23	OVERHEAD COSTS - DIRECT SALARIES						
24	EMPLOYEE BENEFITS	129,809		129,809	4,617.00	28.12	
25	ADMINISTRATIVE & GENERAL	2,612,527	509,496	3,122,023	127,873.00	24.42	
26	A & G UNDER CONTRACT						
27	MAINTENANCE & REPAIRS						
28	OPERATION OF PLANT	295,697		295,697	14,591.00	20.27	
29	LAUNDRY & LINEN SERVICE	36,670		36,670	3,383.00	10.84	
30	HOUSEKEEPING	735,941		735,941	70,730.00	10.40	
31	HOUSEKEEPING UNDER CONTRACT						
32	DIETARY	58,422		58,422	7,829.00	7.46	
33	DIETARY UNDER CONTRACT						
34	CAFETERIA						
35	MAINTENANCE OF PERSONNEL						
36	NURSING ADMINISTRATION	1,366,080	-690,967	675,113	15,632.00	43.19	
37	CENTRAL SERVICE AND SUPPLY	148,281		148,281	13,176.00	11.25	
38	PHARMACY	972,009		972,009	26,650.00	36.47	
39	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	661,110		661,110	46,689.00	14.16	
40	SOCIAL SERVICE						
41	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	21,224,883		21,224,883	1,005,113.00	21.12	
2	EXCLUDED AREA SALARIES	93,143	23,694	116,837	5,147.00	22.70	
3	SUBTOTAL SALARIES	21,131,740	-23,694	21,108,046	999,966.00	21.11	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	5,017,415		5,017,415	90,116.00	55.68	
5	SUBTOTAL WAGE-RELATED COSTS	4,625,800		4,625,800		21.91	
6	TOTAL	30,774,955	-23,694	30,751,261	1,090,082.00	28.21	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	7,016,546	-181,471	6,835,075	331,170.00	20.64	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2008
I	14-0184	I	FROM 5/ 1/2007	I	WORKSHEET	S-7
I		I	TO 4/30/2008	I		

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01):	:	0.0000
Wage Index Factor (after 10/01):	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2008
I 14-0184 I FROM 5/ 1/2007 I WORKSHEET S-7
I I TO 4/30/2008 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA		7	
6 .01	RVX			
6 .02	RVL		6	
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA		8	
12 .01	RMX		35	
12 .02	RML		122	
13	RLB			
14	RLA			
14 .01	RLX		4	
15	SE3		40	
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	Default			
46	TOTAL		222	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 0
Wage Index Factor (before 10/01): 0.0000
Wage Index Factor (after 10/01) : 0.0000
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : NOT SPECIFIED
SNF MSA Code : NOT SPECIFIED
SNF CBSA Code : NOT SPECIFIED

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04
2.01 IS IT AT THE TIME OF ADMISSION?
2.02 IS IT AT THE TIME OF FIRST BILLING?
2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04
3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?
5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?
7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?
8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?
9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?
9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?
9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?
9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?
10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?
11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?
11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?
11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?
11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?
12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?
13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?
14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02
14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?
14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?
15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?
16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	13,085,274
17.01	GROSS MEDICAID REVENUES	13,708,311
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	26,793,585

23	UNCOMPENSATED CARE COST	
	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL	
	INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,	.168499
	DIVIDED BY COLUMN 8, LINE 103)	
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	
	(LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	67,652,227

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,399,333
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,399,333

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-0184

I

I PERIOD:

I FROM 5/ 1/2007

I TO 4/30/2008

I PREPARED 9/29/2008

I WORKSHEET A

I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,333,259	2,333,259	395,428	2,728,687
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,693,385	2,693,385	1,033,650	3,727,035
5	0500	EMPLOYEE BENEFITS	129,809	135,427	265,236	2,998,709	3,263,945
6	0600	ADMINISTRATIVE & GENERAL	2,612,527	23,224,769	25,837,296	-3,063,488	22,773,808
8	0800	OPERATION OF PLANT	295,697	1,356,494	1,652,191		1,652,191
9	0900	LAUNDRY & LINEN SERVICE	36,670	310,572	347,242		347,242
10	1000	HOUSEKEEPING	735,941	203,486	939,427		939,427
11	1100	DIETARY	58,422	1,618,662	1,677,084	22,186	1,699,270
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,366,080	249,462	1,615,542	-888,222	727,320
15	1500	CENTRAL SERVICES & SUPPLY	148,281	4,161,003	4,309,284	-3,931,338	377,946
16	1600	PHARMACY	972,009	2,714,108	3,686,117	-2,495,505	1,190,612
17	1700	MEDICAL RECORDS & LIBRARY	661,110	310,653	971,763		971,763
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,662,385	2,596,555	6,258,940	-242,378	6,016,562
26	2600	INTENSIVE CARE UNIT	1,572,881	936,669	2,509,550	-9,173	2,500,377
33	3300	NURSERY	372,387	73,092	445,479	161,451	606,930
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,518,189	2,803,501	4,321,690	94,926	4,416,616
38	3800	RECOVERY ROOM	369,549	126,369	495,918	-495,918	
39	3900	DELIVERY ROOM & LABOR ROOM	744,494	79,391	823,885	-52,592	771,293
40	4000	ANESTHESIOLOGY	118,454	4,151,590	4,270,044		4,270,044
41	4100	RADIOLOGY-DIAGNOSTIC	1,420,700	2,225,172	3,645,872	-19,057	3,626,815
41.01	4101	ULTRASOUND	133,787	58,852	192,639		192,639
41.02	4102	CT SCAN	161,136	563,721	724,857	-334,621	390,236
41.03	4103	MRI	63,772	107,862	171,634		171,634
43	4300	RADIOISOTOPE	189,794	576,261	766,055		766,055
44	4400	LABORATORY	1,152,377	2,530,254	3,682,631	-574,701	3,107,930
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS				945,156	945,156
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	458,647	194,748	653,395	-84,375	569,020
49.01	4901	SLEEP LAB	1,316	159,597	160,913	-868	160,045
50	5000	PHYSICAL THERAPY	384,973	56,289	441,262	-5,724	435,538
51	5100	OCCUPATIONAL THERAPY	60,135	4,544	64,679		64,679
52	5200	SPEECH PATHOLOGY	53,482	4,586	58,068		58,068
53	5300	ELECTROCARDIOLOGY	762,988	856,954	1,619,942	-502,815	1,117,127
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,453,119	4,453,119
56	5600	DRUGS CHARGED TO PATIENTS				2,568,618	2,568,618
57	5700	RENAL DIALYSIS		350,622	350,622	-350,622	
59	3020	OTHER					
59.02	3022	OTHER	5,087	1,662	6,749	-6,749	
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	1,009,540	1,235,857	2,245,397	188,677	2,434,074
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	37,825	6,700	44,525	-44,525	
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	21,270,444	59,012,128	80,282,572	-240,751	80,041,821
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
100	7950	OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951	NON-REIMBURSABLE - SENIOR CIRCLE	55,318	4,710	60,028	-300	59,728
100.02	7952	NON-REIMBURSABLE - MARKETING				241,051	241,051
101		TOTAL	21,325,762	59,016,838	80,342,600	-0-	80,342,600

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0184
II PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008I PREPARED 9/29/2008
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT	1	1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	734,232	3,462,919
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	10,269	3,737,304
5	0500	EMPLOYEE BENEFITS	-3,416	3,260,529
6	0600	ADMINISTRATIVE & GENERAL	-14,587,819	8,185,989
8	0800	OPERATION OF PLANT	-1,902	1,650,289
9	0900	LAUNDRY & LINEN SERVICE		347,242
10	1000	HOUSEKEEPING		939,427
11	1100	DIETARY	-1,573	1,697,697
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-5,584	721,736
15	1500	CENTRAL SERVICES & SUPPLY		377,946
16	1600	PHARMACY		1,190,612
17	1700	MEDICAL RECORDS & LIBRARY	-5,046	966,717
18	1800	SOCIAL SERVICE		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-239,880	5,776,682
26	2600	INTENSIVE CARE UNIT		2,500,377
33	3300	NURSERY		606,930
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-140,000	4,276,616
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		771,293
40	4000	ANESTHESIOLOGY	-4,036,391	233,653
41	4100	RADIOLOGY-DIAGNOSTIC	-1,429,792	2,197,023
41.01	4101	ULTRASOUND		192,639
41.02	4102	CT SCAN		390,236
41.03	4103	MRI		171,634
43	4300	RADIOISOTOPE		766,055
44	4400	LABORATORY		3,107,930
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		945,156
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		569,020
49.01	4901	SLEEP LAB		160,045
50	5000	PHYSICAL THERAPY		435,538
51	5100	OCCUPATIONAL THERAPY	-20,850	43,829
52	5200	SPEECH PATHOLOGY		58,068
53	5300	ELECTROCARDIOLOGY		1,117,127
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,453,119
56	5600	DRUGS CHARGED TO PATIENTS	-195	2,568,423
57	5700	RENAL DIALYSIS		
59	3020	OTHER		
59.02	3022	OTHER		
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-335,628	2,098,446
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-20,063,574	59,978,247
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
100	7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951	NON-REIMBURSABLE - SENIOR CIRCLE		59,728
100.02	7952	NON-REIMBURSABLE - MARKETING		241,051
101		TOTAL	-20,063,574	60,279,026

COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I PERIOD:

I PREPARED 9/29/2008

I 14-0184

I FROM 5/ 1/2007

I NOT A CMS WORKSHEET

I

I TO 4/30/2008

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER	3020	ACUPUNCTURE
59.02	OTHER	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	NON-REIMBURSABLE - SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NON-REIMBURSABLE - MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		2,998,709
2	RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		53,019
3	RECLASS OF RENTS AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		1,032,101
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		395,428
21			NEW CAP REL COSTS-MVBLE EQUIP	4		4,307
22	RECLASS OF MARKETING DEPT	E	NON-REIMBURSABLE - MARKETING	100.02	61,519	179,532
23	RECLASS OF MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,400,100
24			DIETARY	11		22,186
25			PHARMACY	16		99,753
26			RADIOLOGY-DIAGNOSTIC	41		66,753
27			LABORATORY	44		38,636
28	RECLASS OF DRUGS/IV SOLUTION COSTS	G	DRUGS CHARGED TO PATIENTS	56		2,568,618
29	RECLASS OF LABOR AND DELIVERY COSTS	H	NURSERY	33	126,682	34,769
30			DELIVERY ROOM & LABOR ROOM	39		57,680
31	RECLASS OF NURSING ADMIN COSTS	I	ADMINISTRATIVE & GENERAL	6	690,967	196,967
32	RECLASS OF MISC. DEPARTMENTS	J	OPERATING ROOM	37	369,549	126,635
33			WHOLE BLOOD & PACKED RED BLOOD CELLS	46	56,600	888,556
34			PHYSICAL THERAPY	50	5,087	1,662
35			EMERGENCY	61	37,825	6,434
1	RECLASS OF DIALYSIS	K	LABORATORY	44		350,622
2	RECLASS OF ER CLERK SALARY	L	EMERGENCY	61	119,952	25,790
3	RECLASS OF ON-CALL ORTHOPEDIC	M	OPERATING ROOM	37		128,100
36	TOTAL RECLASSIFICATIONS				1,468,181	13,676,357

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140184

 PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

 PREPARED 9/29/2008
WORKSHEET A-6

----- DECREASE -----						A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		2,998,709	
2 RECLASS OF OXYGEN COSTS	B	RESPIRATORY THERAPY	49		53,019	
3 RECLASS OF RENTS AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2,758	10
4		ADMINISTRATIVE & GENERAL	6		38,085	
5		NURSING ADMINISTRATION	14		288	
6		PHARMACY	16		26,640	
7		ADULTS & PEDIATRICS	25		133,519	
8		INTENSIVE CARE UNIT	26		9,173	
9		OPERATING ROOM	37		281,280	
10		RADIOLOGY-DIAGNOSTIC	41		85,810	
11		CT SCAN	41.02		334,621	
12		LABORATORY	44		18,803	
13		RESPIRATORY THERAPY	49		31,356	
14		PHYSICAL THERAPY	50		12,447	
15		ELECTROCARDIOLOGY	53		54,803	
16		EMERGENCY	61		1,324	
17		NON-REIMBURSABLE - SENIOR CIRCLE	100.01		300	
18		SLEEP LAB	49.01		868	
19		PHYSICAL THERAPY	50		26	
20 RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6		399,735	12
21						9
22 RECLASS OF MARKETING DEPT	E	ADMINISTRATIVE & GENERAL	6	61,519	179,532	
23 RECLASS OF MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		3,931,338	
24		OPERATING ROOM	37		248,078	
25		ELECTROCARDIOLOGY	53		448,012	
26						
27						
28 RECLASS OF DRUGS/IV SOLUTION COSTS	G	PHARMACY	16		2,568,618	
29 RECLASS OF LABOR AND DELIVERY COSTS	H	ADULTS & PEDIATRICS	25	16,410	92,449	
30		DELIVERY ROOM & LABOR ROOM	39	110,272		
31 RECLASS OF NURSING ADMIN COSTS	I	NURSING ADMINISTRATION	14	690,967	196,967	
32 RECLASS OF MISC. DEPARTMENTS	J	RECOVERY ROOM	38	369,549	126,369	
33		LABORATORY	44	56,600	888,556	
34		OTHER	59.02	5,087	1,662	
35		AMBULANCE SERVICES	65	37,825	6,700	
1 RECLASS OF DIALYSIS	K	RENAL DIALYSIS	57		350,622	
2 RECLASS OF ER CLERK SALARY	L	ADMINISTRATIVE & GENERAL	6	119,952	25,790	
3 RECLASS OF ON-CALL ORTHOPEDIC	M	ADMINISTRATIVE & GENERAL	6		128,100	
36 TOTAL RECLASSIFICATIONS				1,468,181	13,676,357	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140184

PERIOD:

 FROM 5/ 1/2007
TO 4/30/2008

PREPARED 9/29/2008

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,998,709
TOTAL RECLASSIFICATIONS FOR CODE A			2,998,709

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,998,709	
		2,998,709	

RECLASS CODE: B

EXPLANATION : RECLASS OF OXYGEN COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	53,019
TOTAL RECLASSIFICATIONS FOR CODE B			53,019

DECREASE			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	53,019	
		53,019	

RECLASS CODE: C

EXPLANATION : RECLASS OF RENTS AND LEASE EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,032,101
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,032,101

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	2,758	
ADMINISTRATIVE & GENERAL	6	38,085	
NURSING ADMINISTRATION	14	288	
PHARMACY	16	26,640	
ADULTS & PEDIATRICS	25	133,519	
INTENSIVE CARE UNIT	26	9,173	
OPERATING ROOM	37	281,280	
RADIOLOGY-DIAGNOSTIC	41	85,810	
CT SCAN	41.02	334,621	
LABORATORY	44	18,803	
RESPIRATORY THERAPY	49	31,356	
PHYSICAL THERAPY	50	12,447	
ELECTROCARDIOLOGY	53	54,803	
EMERGENCY	61	1,324	
NON-REIMBURSABLE - SENIOR CIRC	100.01	300	
SLEEP LAB	49.01	868	
PHYSICAL THERAPY	50	26	
		1,032,101	

RECLASS CODE: D

EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	395,428
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,307
TOTAL RECLASSIFICATIONS FOR CODE D			399,735

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	399,735	
		0	
		399,735	

RECLASS CODE: E

EXPLANATION : RECLASS OF MARKETING DEPT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	100.02	241,051
TOTAL RECLASSIFICATIONS FOR CODE E			241,051

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	241,051	
		241,051	

RECLASS CODE: F

EXPLANATION : RECLASS OF MEDICAL SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,400,100
2.00	DIETARY	11	22,186
3.00	PHARMACY	16	99,753
4.00	RADIOLOGY-DIAGNOSTIC	41	66,753
5.00	LABORATORY	44	38,636
TOTAL RECLASSIFICATIONS FOR CODE F			4,627,428

DECREASE			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	3,931,338	
OPERATING ROOM	37	248,078	
ELECTROCARDIOLOGY	53	448,012	
		0	
		0	
		4,627,428	

RECLASS CODE: G

EXPLANATION : RECLASS OF DRUGS/IV SOLUTION COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,568,618
TOTAL RECLASSIFICATIONS FOR CODE G			2,568,618

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,568,618	
		2,568,618	

RECLASSIFICATIONS

PROVIDER NO:
140184PERIOD:
FROM 5/ 1/2007
TO 4/30/2008PREPARED 9/29/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H

EXPLANATION : RECLASS OF LABOR AND DELIVERY COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	161,451
2.00	DELIVERY ROOM & LABOR ROOM	39	57,680
TOTAL RECLASSIFICATIONS FOR CODE H			219,131

COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	108,859
DELIVERY ROOM & LABOR ROOM	39	110,272
		219,131

RECLASS CODE: I

EXPLANATION : RECLASS OF NURSING ADMIN COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	887,934
TOTAL RECLASSIFICATIONS FOR CODE I			887,934

COST CENTER	LINE	AMOUNT
NURSING ADMINISTRATION	14	887,934
		887,934

RECLASS CODE: J

EXPLANATION : RECLASS OF MISC. DEPARTMENTS

LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	496,184
2.00	WHOLE BLOOD & PACKED RED BLOOD	46	945,156
3.00	PHYSICAL THERAPY	50	6,749
4.00	EMERGENCY	61	44,259
TOTAL RECLASSIFICATIONS FOR CODE J			1,492,348

COST CENTER	LINE	AMOUNT
RECOVERY ROOM	38	495,918
LABORATORY	44	945,156
OTHER	59.02	6,749
AMBULANCE SERVICES	65	44,525
		1,492,348

RECLASS CODE: K

EXPLANATION : RECLASS OF DIALYSIS

LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	350,622
TOTAL RECLASSIFICATIONS FOR CODE K			350,622

COST CENTER	LINE	AMOUNT
RENAL DIALYSIS	57	350,622
		350,622

RECLASS CODE: L

EXPLANATION : RECLASS OF ER CLERK SALARY

LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	145,742
TOTAL RECLASSIFICATIONS FOR CODE L			145,742

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	145,742
		145,742

RECLASS CODE: M

EXPLANATION : RECLASS OF ON-CALL ORTHOPEDIC

LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	128,100
TOTAL RECLASSIFICATIONS FOR CODE M			128,100

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	128,100
		128,100

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,426,860					1,426,860	
2	LAND IMPROVEMENTS	457,508	57,926		57,926		515,434	
3	BUILDINGS & FIXTURE	43,173,183	12,530		12,530		43,185,713	
4	BUILDING IMPROVEMEN	781,104	1,178,742		1,178,742		1,959,846	
5	FIXED EQUIPMENT	2,055,229				239,015	1,816,214	
6	MOVABLE EQUIPMENT	18,465,539	1,131,785		1,131,785		19,597,324	
7	SUBTOTAL	66,359,423	2,380,983		2,380,983	239,015	68,501,391	
8	RECONCILING ITEMS							
9	TOTAL	66,359,423	2,380,983		2,380,983	239,015	68,501,391	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS		INSURANCE	TAXES	OTHER CAPITAL	
		1	LEASES	FOR RATIO	5	6	RELATED COSTS	8
			2	3			7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	RELATED COST	15
							14	
1	OLD CAP REL COSTS-BL			1				1
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,591,865	-30,850	506,476	395,428			3,462,919
4	NEW CAP REL COSTS-MV	2,644,258	1,029,343	63,703				3,737,304
5	TOTAL	5,236,123	998,493	570,180	395,428			7,200,224

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	RELATED COST	15
							14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,333,259						2,333,259
4	NEW CAP REL COSTS-MV	2,693,385						2,693,385
5	TOTAL	5,026,644						5,026,644

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
- (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0184
II PERIOD: I PREPARED 9/29/2008
I FROM 5/ 1/2007 I WORKSHEET A-8
I TO 4/30/2008 I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			LINE NO	WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3				
1	INVST INCOME-OLD BLDGS AND FIXTURES		OLD CAP REL COSTS-BLDG &		1		
2	INVESTMENT INCOME-OLD MOVABLE EQUIP		OLD CAP REL COSTS-MVBLE E		2		
3	INVST INCOME-NEW BLDGS AND FIXTURES		NEW CAP REL COSTS-BLDG &		3		
4	INVESTMENT INCOME-NEW MOVABLE EQUIP		NEW CAP REL COSTS-MVBLE E		4		
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B -30,850	NEW CAP REL COSTS-BLDG &		3		10
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE	B 17,107	ADMINISTRATIVE & GENERAL		6		
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2 -6,204,962					
13	SALE OF SCRAP, WASTE, ETC.	B -2,020	RADIOLOGY-DIAGNOSTIC		41		
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1 -1,092,978					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B -1,573	DIETARY		11		
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B -195	DRUGS CHARGED TO PATIENTS		56		
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B -5,046	MEDICAL RECORDS & LIBRARY		17		
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B -3,971	ADMINISTRATIVE & GENERAL		6		
22	VENDING MACHINES	B -1,902	OPERATION OF PLANT		8		
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4	RESPIRATORY THERAPY		49		
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	PHYSICAL THERAPY		50		
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP		**COST CENTER DELETED**		89		
29	DEPRECIATION-OLD BLDGS AND FIXTURES		OLD CAP REL COSTS-BLDG &		1		
30	DEPRECIATION-OLD MOVABLE EQUIP		OLD CAP REL COSTS-MVBLE E		2		
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A 258,606	NEW CAP REL COSTS-BLDG &		3		9
32	DEPRECIATION-NEW MOVABLE EQUIP	A -29,125	NEW CAP REL COSTS-MVBLE E		4		9
33	NON-PHYSICIAN ANESTHETIST		**COST CENTER DELETED**		20		
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4	OCCUPATIONAL THERAPY		51		
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4	SPEECH PATHOLOGY		52		
37	SPORTS PHYSICALS	B -20,850	OCCUPATIONAL THERAPY		51		
38	MISC REVENUE	B -86,627	ADMINISTRATIVE & GENERAL		6		
39	BAD DEBT EXPENSE	A -9,929,208	ADMINISTRATIVE & GENERAL		6		
40	OTHER MARKETING COSTS	A -267,423	ADMINISTRATIVE & GENERAL		6		
41	CRNA	A -109,395	ANESTHESIOLOGY		40		
42	PHYSICIAN RECRUITING	A -156,465	ADMINISTRATIVE & GENERAL		6		
43	LOBBYING	A -21,830	ADMINISTRATIVE & GENERAL		6		
44	CHARITABLE CONTRIBUTIONS	A -47,065	ADMINISTRATIVE & GENERAL		6		
45	PHYSICIAN GUARANTEES	A -153,784	ADMINISTRATIVE & GENERAL		6		
46	COUNTRY CLUB/SOCIAL DUES	A -276	ADMINISTRATIVE & GENERAL		6		
47	GIFTS TO NONPATIENTS	A -17,538	ADMINISTRATIVE & GENERAL		6		
48	GIFT SHOP	A 46,331	ADMINISTRATIVE & GENERAL		6		
49	PATIENT PHONE WAGE COST	A -15,587	ADMINISTRATIVE & GENERAL		6		
49.01	PATIENT PHONE BENEFIT COST	A -3,416	EMPLOYEE BENEFITS		5		
49.02	PATIENT PHONE EXPENSE	A -18,363	ADMINISTRATIVE & GENERAL		6		
49.03	PATIENT PHONE DEPRECIATION	A -10,098	NEW CAP REL COSTS-MVBLE E		4		9
49.04	PATIENT TV DEPRECIATIONS	A -14,211	NEW CAP REL COSTS-MVBLE E		4		9
49.05	ILLINOIS PROVIDER TAX	A -2,140,860	ADMINISTRATIVE & GENERAL		6		
50	TOTAL (SUM OF LINES 1 THRU 49)	-20,063,574					

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR MARION MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 9/29/2008
I 14-0184 I FROM 5/ 1/2007 I
I TO 4/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	1
1	1	OLD CAP REL COSTS-BLDG &	OLD CAPITAL - BUILDING &			11
2	2	OLD CAP REL COSTS-MVBLE E	OLD CAPITAL - MOVEABLE EQ			11
3	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL - BUILDING &	15,615	15,615	11
4	4	NEW CAP REL COSTS-MVBLE E	NEW CAPITAL - MOVEABLE EQ	63,703	63,703	11
4.03	6	ADMINISTRATIVE & GENERAL	A & G - NON-CAPITAL A&G	1,035,748	2,047,632	-1,011,884
4.04	6	ADMINISTRATIVE & GENERAL	A & G - PASI OPERATING	745,841	779,229	-33,388
4.05	6	ADMINISTRATIVE & GENERAL	A & G - MALPRACTICE	1,113,417	1,731,303	-617,886
4.06	3	NEW CAP REL COSTS-BLDG &	PASI CAPITAL COSTS	67,202	67,202	11
4.07	3	NEW CAP REL COSTS-BLDG &	CAPITAL RELATED INTEREST	423,659	423,659	11
5		TOTALS		3,465,186	4,558,164	-1,092,978

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	COMMUNITY HEALTH SYSTEMS		100.00	HOSPITAL CORPORATION
2	B	PASI		0.00	COLLECTION AGENCY
3				0.00	
4				0.00	
5				0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0184

I

I PERIOD:

I FROM 5/ 1/2007

I TO 4/30/2008

I PREPARED 9/29/2008

I WORKSHEET A-8-2

I GROUP 1

LINE	WKSHT A NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	GENERAL AND ADMINISTRATIV	129,102	129,102		159,800			
2	14	NURSING ADMINISTRATION	5,584	5,584		159,800			
3	25	ADULTS & PEDS	239,880	239,880		159,800			
4	37	OPERATING ROOM	140,000	140,000		182,900			
5	40	ANESTHESIA	3,926,996	3,926,996		167,500			
6	41	RADIOLOGY	1,427,772	1,427,772		217,600			
7	61	ER	335,628	335,628		159,800			
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	6,204,962	6,204,962					

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 14-0184
II PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008 II PREPARED 9/29/2008
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	5	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED 1	ENTERED
12	CAFETERIA	9	FTE'S	ENTERED
14	NURSING ADMINISTRATION	11	NURSING WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS 1	ENTERED
16	PHARMACY	13	COSTED REQUIS 2	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	15	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-0184

I PERIOD:

I FROM 5/ 1/2007
I TO 4/30/2008I PREPARED 9/29/2008
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1	1					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,462,919			3,462,919			
005 NEW CAP REL COSTS-MVBLE E	3,737,304				3,737,304		
006 EMPLOYEE BENEFITS	3,260,529			11,684	12,610	3,284,823	
008 ADMINISTRATIVE & GENERAL	8,185,989			304,259	328,367	483,832	9,302,447
009 OPERATION OF PLANT	1,650,289			854,237	921,923	45,825	3,472,274
010 LAUNDRY & LINEN SERVICE	347,242			8,279	8,935	5,683	370,139
011 HOUSEKEEPING	939,427			22,501	24,283	114,052	1,100,263
012 DIETARY	1,697,697			61,176	66,023	9,054	1,833,950
014 CAFETERIA				69,138	74,616		143,754
015 NURSING ADMINISTRATION	721,736			62,962	67,950	104,625	957,273
016 CENTRAL SERVICES & SUPPLY	377,946			38,909	41,992	22,980	481,827
017 PHARMACY	1,190,612			35,036	37,812	150,636	1,414,096
018 MEDICAL RECORDS & LIBRARY	966,717			51,344	55,412	102,455	1,175,928
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,776,682			617,464	666,389	565,032	7,625,567
033 INTENSIVE CARE UNIT	2,500,377			132,183	142,656	243,756	3,018,972
037 NURSERY	606,930			33,150	35,777	77,343	753,200
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,276,616			342,666	369,818	292,550	5,281,650
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	771,293			79,954	86,289	98,288	1,035,824
041 ANESTHESIOLOGY	233,653			9,932	10,719	18,357	272,661
041 RADIOLOGY-DIAGNOSTIC	2,197,023			121,683	131,325	220,172	2,670,203
041 01 ULTRASOUND	192,639			34,819	37,578	20,734	285,770
041 02 CT SCAN	390,236			8,646	9,331	24,972	433,185
041 03 MRI	171,634			21,315	23,004	9,883	225,836
043 RADIOISOTOPE	766,055			11,534	12,448	29,413	819,450
044 LABORATORY	3,107,930			77,834	84,001	169,817	3,439,582
046 WHOLE BLOOD & PACKED RED	945,156			4,206	4,540	8,772	962,674
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	569,020			23,318	25,166	71,078	688,582
049 01 SLEEP LAB	160,045			12,285	13,259	204	185,793
050 PHYSICAL THERAPY	435,538			78,869	85,118	60,449	659,974
051 OCCUPATIONAL THERAPY	43,829			2,804	3,026	9,319	58,978
052 SPEECH PATHOLOGY	58,068			1,669	1,801	8,288	69,826
053 ELECTROCARDIOLOGY	1,117,127			129,645	139,918	118,243	1,504,933
055 MEDICAL SUPPLIES CHARGED	4,453,119						4,453,119
056 DRUGS CHARGED TO PATIENTS	2,568,423						2,568,423
057 RENAL DIALYSIS							
059 OTHER							
059 02 OTHER							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,098,446			159,207	171,821	180,904	2,610,378
065 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS SUBTOTALS	59,978,247			3,422,708	3,693,907	3,266,716	59,876,531
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				11,284	12,178		23,462
100 PHYSICIANS' PRIVATE OFFIC				24,771	26,733		51,504
100 OTHER NONREIMBURSABLE COS							
100 01 NON-REIMBURSABLE - SENIOR	59,728			4,156	4,486	8,573	76,943
100 02 NON-REIMBURSABLE - MARKET	241,051					9,534	250,585
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	60,279,026			3,462,919	3,737,304	3,284,823	60,279,025

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMINISTRATION	
	6	8	9	10	11	12	14							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
008 ADMINISTRATIVE & GENERAL	9,302,447													
009 OPERATION OF PLANT	633,638	4,105,912												
010 LAUNDRY & LINEN SERVICE	67,545	15,063	452,747											
011 HOUSEKEEPING	200,781	40,939		1,341,983										
012 DIETARY	334,668	111,305		36,294	2,316,217									
014 CAFETERIA	26,233	125,792		41,018	1,090,847	1,427,644								
015 NURSING ADMINISTRATION	174,688	114,555		37,354		31,282	1,315,152							
016 CENTRAL SERVICES & SUPPLY	87,926	70,792		23,084		26,332								
017 PHARMACY	258,051	63,746		20,786		53,287								
018 MEDICAL RECORDS & LIBRARY	214,589	93,418		30,462		93,388								
025 SOCIAL SERVICE														
026 INPAT ROUTINE SRVC CNTRS														
033 ADULTS & PEDIATRICS	1,391,538	1,123,439	210,075	366,331	747,731	331,950	509,717							
037 INTENSIVE CARE UNIT	550,917	240,499	33,684	78,422	131,957	107,780	219,893							
038 NURSERY	137,448	60,315	51,704	19,667		38,853	69,771							
039 ANCILLARY SRVC COST CNTRS														
040 OPERATING ROOM	963,822	623,463	62,660	203,298		148,131	263,911							
041 RECOVERY ROOM														
043 DELIVERY ROOM & LABOR ROO	189,022	145,472		47,435		49,335	88,666							
044 ANESTHESIOLOGY	49,757	18,070		5,892		1,373								
041 RADIOLOGY-DIAGNOSTIC	487,272	221,396	15,348	72,193		119,054								
041 01 ULTRASOUND	52,149	63,351		20,658		10,316								
041 02 CT SCAN	79,050	15,732		5,130		13,519								
041 03 MRI	41,212	38,782		12,646		5,325								
043 RADIOISOTOPE	149,537	20,986		6,843		10,607								
044 LABORATORY	627,672	141,615		46,178		126,624								
046 WHOLE BLOOD & PACKED RED	175,674	7,653		2,496		4,201								
048 INTRAVENOUS THERAPY														
049 RESPIRATORY THERAPY	125,656	42,427		13,834		39,976								
049 01 SLEEP LAB	33,904	22,352		7,289		83								
050 PHYSICAL THERAPY	120,435	143,498	6,565	46,792		35,026								
051 OCCUPATIONAL THERAPY	10,763	5,102		1,664		3,328								
052 SPEECH PATHOLOGY	12,742	3,037		990		3,328								
053 ELECTROCARDIOLOGY	274,628	235,883	15,257	76,916		68,470								
055 MEDICAL SUPPLIES CHARGED	812,627													
056 DRUGS CHARGED TO PATIENTS	468,699													
057 RENAL DIALYSIS														
059 OTHER														
059 02 OTHER														
061 OUTPAT SERVICE COST CNTRS														
062 EMERGENCY	476,355	289,668	57,454	94,455		95,759	163,194							
065 OBSERVATION BEDS (NON-DIS														
065 OTHER REIMBURS COST CNTRS														
095 AMBULANCE SERVICES														
095 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	9,228,998	4,098,350	452,747	1,318,127	1,970,535	1,417,327	1,315,152							
096 NONREIMBURS COST CENTERS														
098 GIFT, FLOWER, COFFEE SHOP	4,281			6,694										
100 PHYSICIANS' PRIVATE OFFIC	9,399			14,696	286,916									
100 OTHER NONREIMBURSABLE COS														
100 01 NON-REIMBURSABLE - SENIOR	14,041	7,562		2,466	58,766	4,493								
100 02 NON-REIMBURSABLE - MARKET	45,728					5,824								
101 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	9,302,447	4,105,912	452,747	1,341,983	2,316,217	1,427,644	1,315,152							

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0184	I FROM 5/ 1/2007	I 9/29/2008
I	I TO 4/30/2008	I WORKSHEET B
		I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	689,961						
017	PHARMACY	1,007	1,810,973					
018	MEDICAL RECORDS & LIBRARY	2,358		1,610,143				
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS	23,854		135,676		12,465,878		12,465,878
037	INTENSIVE CARE UNIT	11,235		40,010		4,433,369		4,433,369
039	NURSERY	3,926		8,133		1,143,017		1,143,017
041	ANCILLARY SRVC COST CNTRS							
043	OPERATING ROOM	116,470		212,743		7,876,148		7,876,148
044	RECOVERY ROOM							
046	DELIVERY ROOM & LABOR ROO	1,718		10,336		1,567,808		1,567,808
048	ANESTHESIOLOGY	16,740		71,157		435,650		435,650
049	RADIOLOGY-DIAGNOSTIC	5,800		54,361		3,645,627		3,645,627
051	01 ULTRASOUND	325		34,212		466,781		466,781
052	02 CT SCAN	3,892		91,370		641,878		641,878
053	03 MRI	219		19,455		343,475		343,475
055	RADIOISOTOPE	1,290		36,454		1,045,167		1,045,167
056	LABORATORY	73,176		275,988		4,730,835		4,730,835
057	WHOLE BLOOD & PACKED RED			13,747		1,166,445		1,166,445
059	INTRAVENOUS THERAPY							
061	RESPIRATORY THERAPY	5,728		39,923		956,126		956,126
062	01 SLEEP LAB					249,421		249,421
065	PHYSICAL THERAPY	1,354		20,350		1,033,994		1,033,994
068	OCCUPATIONAL THERAPY			1,913		81,748		81,748
070	SPEECH PATHOLOGY			615		90,538		90,538
073	ELECTROCARDIOLOGY	32,649		144,982		2,353,718		2,353,718
075	MEDICAL SUPPLIES CHARGED	380,793		146,647		5,793,186		5,793,186
077	DRUGS CHARGED TO PATIENTS		1,810,973	166,930		5,015,025		5,015,025
079	RENAL DIALYSIS							
081	OTHER							
083	02 OTHER							
086	OUTPAT SERVICE COST CNTRS							
088	EMERGENCY	7,058		85,141		3,879,462		3,879,462
090	OBSERVATION BEDS (NON-DIS							
093	OTHER REIMBURS COST CNTRS							
095	AMBULANCE SERVICES							
098	SPEC PURPOSE COST CENTERS							
100	SUBTOTALS	689,592	1,810,973	1,610,143		59,415,296		59,415,296
103	NONREIMBURS COST CENTERS							
106	GIFT, FLOWER, COFFEE SHOP					34,437		34,437
108	PHYSICIANS' PRIVATE OFFIC					362,515		362,515
110	OTHER NONREIMBURSABLE COS							
113	01 NON-REIMBURSABLE - SENIOR	344				164,615		164,615
115	02 NON-REIMBURSABLE - MARKET	25				302,162		302,162
118	CROSS FOOT ADJUSTMENT							
120	NEGATIVE COST CENTER							
123	TOTAL	689,961	1,810,973	1,610,143		60,279,025		60,279,025

	COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY							
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS							
037	INTENSIVE CARE UNIT							
038	NURSERY							
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM							
041	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRASOUND							
041	02 CT SCAN							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY							
046	WHOLE BLOOD & PACKED RED							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
049	01 SLEEP LAB							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY							
065	OBSERVATION BEDS (NON-DIS							
095	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 NON-REIMBURSABLE - SENIOR							
100	02 NON-REIMBURSABLE - MARKET							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL							

I PROVIDER NO:	I PERIOD:	I PREPARED	9/29/2008
I 14-0184	I FROM 5/ 1/2007	I WORKSHEET B	
I	I TO 4/30/2008	I PART II	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY							
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS							
037	INTENSIVE CARE UNIT							
038	NURSERY							
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM							
041	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRASOUND							
041	02 CT SCAN							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY							
046	WHOLE BLOOD & PACKED RED							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
049	01 SLEEP LAB							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY							
065	OBSERVATION BEDS (NON-DIS							
095	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 NON-REIMBURSABLE - SENIOR							
100	02 NON-REIMBURSABLE - MARKET							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL							

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY							
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS							
037	INTENSIVE CARE UNIT							
038	NURSERY							
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM							
041	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRASOUND							
041	02 CT SCAN							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY							
046	WHOLE BLOOD & PACKED RED							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
049	01 SLEEP LAB							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY							
065	OBSERVATION BEDS (NON-DIS							
095	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 NON-REIMBURSABLE - SENIOR							
100	02 NON-REIMBURSABLE - MARKET							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2008
 I 14-0184 I FROM 5/ 1/2007 I WORKSHEET B
 I I TO 4/30/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-MVBLE E 2	NEW CAP REL OSTS-BLDG & 3	NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				11,684	12,610	24,294	24,294
008	ADMINISTRATIVE & GENERAL				304,259	328,367	632,626	3,578
009	OPERATION OF PLANT				854,237	921,923	1,776,160	339
010	LAUNDRY & LINEN SERVICE				8,279	8,935	17,214	42
011	HOUSEKEEPING				22,501	24,283	46,784	843
012	DIETARY				61,176	66,023	127,199	67
014	CAFETERIA				69,138	74,616	143,754	
015	NURSING ADMINISTRATION				62,962	67,950	130,912	774
016	CENTRAL SERVICES & SUPPLY				38,909	41,992	80,901	170
017	PHARMACY				35,036	37,812	72,848	1,114
018	MEDICAL RECORDS & LIBRARY				51,344	55,412	106,756	758
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS				617,464	666,389	1,283,853	4,179
037	INTENSIVE CARE UNIT				132,183	142,656	274,839	1,803
038	NURSERY				33,150	35,777	68,927	572
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM				342,666	369,818	712,484	2,163
041	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR ROO				79,954	86,289	166,243	727
044	ANESTHESIOLOGY				9,932	10,719	20,651	136
046	RADIOLOGY-DIAGNOSTIC				121,683	131,325	253,008	1,628
048	01 ULTRASOUND				34,819	37,578	72,397	153
049	02 CT SCAN				8,646	9,331	17,977	185
050	03 MRI				21,315	23,004	44,319	73
051	RADIOISOTOPE				11,534	12,448	23,982	218
052	LABORATORY				77,834	84,001	161,835	1,256
053	WHOLE BLOOD & PACKED RED				4,206	4,540	8,746	65
055	INTRAVENOUS THERAPY							
056	RESPIRATORY THERAPY				23,318	25,166	48,484	526
057	01 SLEEP LAB				12,285	13,259	25,544	2
058	PHYSICAL THERAPY				78,869	85,118	163,987	447
059	OCCUPATIONAL THERAPY				2,804	3,026	5,830	69
061	SPEECH PATHOLOGY				1,669	1,801	3,470	61
062	ELECTROCARDIOLOGY				129,645	139,918	269,563	874
065	MEDICAL SUPPLIES CHARGED							
068	DRUGS CHARGED TO PATIENTS							
070	RENAL DIALYSIS							
072	OTHER							
075	02 OTHER							
078	OUTPAT SERVICE COST CNTRS							
080	EMERGENCY				159,207	171,821	331,028	1,338
082	OBSERVATION BEDS (NON-DIS							
085	OTHER REIMBURS COST CNTRS							
088	AMBULANCE SERVICES							
090	SPEC PURPOSE COST CENTERS							
092	SUBTOTALS				3,422,708	3,693,907	7,116,615	24,160
095	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP				11,284	12,178	23,462	
100	PHYSICIANS' PRIVATE OFFIC				24,771	26,733	51,504	
102	OTHER NONREIMBURSABLE COS							
105	01 NON-REIMBURSABLE - SENIOR				4,156	4,486	8,642	63
107	02 NON-REIMBURSABLE - MARKET							71
109	CROSS FOOT ADJUSTMENTS							
112	NEGATIVE COST CENTER							
115	TOTAL				3,462,919	3,737,304	7,200,223	24,294

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	636,204						
008	OPERATION OF PLANT	43,334	1,819,833					
009	LAUNDRY & LINEN SERVICE	4,619	6,676	28,551				
010	HOUSEKEEPING	13,731	18,145		79,503			
011	DIETARY	22,888	49,333		2,150	201,637		
012	CAFETERIA	1,794	55,754		2,430	94,964	298,696	
014	NURSING ADMINISTRATION	11,947	50,773		2,213		6,545	203,164
015	CENTRAL SERVICES & SUPPLY	6,013	31,377		1,368		5,509	
016	PHARMACY	17,648	28,254		1,231		11,149	
017	MEDICAL RECORDS & LIBRARY	14,676	41,405		1,805		19,539	
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	95,183	497,935	13,248	21,700	65,093	69,453	78,739
026	INTENSIVE CARE UNIT	37,677	106,595	2,124	4,646	11,487	22,550	33,970
033	NURSERY	9,400	26,733	3,261	1,165		8,129	10,778
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	65,915	276,333	3,951	12,044		30,992	40,769
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	12,927	64,476		2,810		10,322	13,697
040	ANESTHESIOLOGY	3,403	8,009		349		287	
041	RADIOLOGY-DIAGNOSTIC	33,324	98,128	968	4,277		24,909	
041 01	ULTRASOUND	3,566	28,079		1,224		2,158	
041 02	CT SCAN	5,406	6,973		304		2,829	
041 03	MRI	2,818	17,189		749		1,114	
043	RADIOISOTOPE	10,227	9,301		405		2,219	
044	LABORATORY	42,926	62,767		2,736		26,493	
046	WHOLE BLOOD & PACKED RED	12,014	3,392		148		879	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	8,594	18,804		820		8,364	
049 01	SLEEP LAB	2,319	9,907		432		17	
050	PHYSICAL THERAPY	8,236	63,601	414	2,772		7,328	
051	OCCUPATIONAL THERAPY	736	2,261		99		696	
052	SPEECH PATHOLOGY	871	1,346		59		696	
053	ELECTROCARDIOLOGY	18,782	104,548	962	4,557		14,326	
055	MEDICAL SUPPLIES CHARGED	55,575						
056	DRUGS CHARGED TO PATIENTS	32,054						
057	RENAL DIALYSIS							
059	OTHER							
059 02	OTHER							
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	32,578	128,387	3,623	5,596		20,035	25,211
062	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	631,181	1,816,481	28,551	78,089	171,544	296,538	203,164
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	293			397			
098	PHYSICIANS' PRIVATE OFFIC	643			871	24,977		
100	OTHER NONREIMBURSABLE COS							
100 01	NON-REIMBURSABLE - SENIOR	960	3,352		146	5,116	940	
100 02	NON-REIMBURSABLE - MARKET	3,127					1,218	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	636,204	1,819,833	28,551	79,503	201,637	298,696	203,164

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	125,338						
017	PHARMACY	183	132,427					
018	MEDICAL RECORDS & LIBRARY	428		185,367				
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS	4,333		15,614		2,149,330		2,149,330
037	INTENSIVE CARE UNIT	2,041		4,605		502,337		502,337
038	NURSERY	713		936		130,614		130,614
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	21,158		24,484		1,190,293		1,190,293
041	RECOVERY ROOM							
042	DELIVERY ROOM & LABOR ROO	312		1,190		272,704		272,704
043	ANESTHESIOLOGY	3,041		8,189		44,065		44,065
044	RADIOLOGY-DIAGNOSTIC	1,054		6,256		423,552		423,552
045	01 ULTRASOUND	59		3,937		111,573		111,573
046	02 CT SCAN	707		10,515		44,896		44,896
047	03 MRI	40		2,239		68,541		68,541
048	RADIOISOTOPE	234		4,195		50,781		50,781
049	LABORATORY	13,293		31,826		343,132		343,132
050	WHOLE BLOOD & PACKED RED			1,582		26,826		26,826
051	INTRAVENOUS THERAPY							
052	RESPIRATORY THERAPY	1,041		4,595		91,228		91,228
053	01 SLEEP LAB					38,221		38,221
054	PHYSICAL THERAPY	246		2,342		249,373		249,373
055	OCCUPATIONAL THERAPY			220		9,911		9,911
056	SPEECH PATHOLOGY			71		6,574		6,574
057	ELECTROCARDIOLOGY	5,931		16,685		436,228		436,228
058	MEDICAL SUPPLIES CHARGED	69,175		16,877		141,627		141,627
059	DRUGS CHARGED TO PATIENTS		132,427	19,211		183,692		183,692
060	RENAL DIALYSIS							
061	02 OTHER							
062	OUTPAT SERVICE COST CNTRS							
063	EMERGENCY	1,282		9,798		558,876		558,876
064	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
066	AMBULANCE SERVICES							
067	SPEC PURPOSE COST CENTERS							
068	SUBTOTALS	125,271	132,427	185,367		7,074,374		7,074,374
069	NONREIMBURS COST CENTERS							
070	GIFT, FLOWER, COFFEE SHOP					24,152		24,152
071	PHYSICIANS' PRIVATE OFFIC					77,995		77,995
072	OTHER NONREIMBURSABLE COS							
073	01 NON-REIMBURSABLE - SENIOR	63				19,282		19,282
074	02 NON-REIMBURSABLE - MARKET	4				4,420		4,420
075	CROSS FOOT ADJUSTMENTS							
076	NEGATIVE COST CENTER							
077	TOTAL	125,338	132,427	185,367		7,200,223		7,200,223

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	GROSS SALARIES	RECONCIL- IATION
		(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(
		1	2	3	4	5		6a.00
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD	207,462						
003	OLD CAP REL COSTS-MVB		207,462					
004	NEW CAP REL COSTS-BLD			207,462				
005	NEW CAP REL COSTS-MVB				207,462			
006	EMPLOYEE BENEFITS	700	700	700	700	21,195,953		
008	ADMINISTRATIVE & GENE	18,228	18,228	18,228	18,228	3,122,023		-9,302,447
009	OPERATION OF PLANT	51,177	51,177	51,177	51,177	295,697		
010	LAUNDRY & LINEN SERVI	496	496	496	496	36,670		
011	HOUSEKEEPING	1,348	1,348	1,348	1,348	735,941		
012	DIETARY	3,665	3,665	3,665	3,665	58,422		
014	CAFETERIA	4,142	4,142	4,142	4,142			
015	NURSING ADMINISTRATIO	3,772	3,772	3,772	3,772	675,113		
016	CENTRAL SERVICES & SU	2,331	2,331	2,331	2,331	148,281		
017	PHARMACY	2,099	2,099	2,099	2,099	972,009		
018	MEDICAL RECORDS & LIB	3,076	3,076	3,076	3,076	661,110		
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CN							
033	ADULTS & PEDIATRICS	36,992	36,992	36,992	36,992	3,645,975		
037	INTENSIVE CARE UNIT	7,919	7,919	7,919	7,919	1,572,881		
038	NURSERY	1,986	1,986	1,986	1,986	499,069		
039	ANCILLARY SRVC COST C							
040	OPERATING ROOM	20,529	20,529	20,529	20,529	1,887,738		
041	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR	4,790	4,790	4,790	4,790	634,222		
041	ANESTHESIOLOGY	595	595	595	595	118,454		
041	RADIOLOGY-DIAGNOSTIC	7,290	7,290	7,290	7,290	1,420,700		
041	01 ULTRASOUND	2,086	2,086	2,086	2,086	133,787		
041	02 CT SCAN	518	518	518	518	161,136		
041	03 MRI	1,277	1,277	1,277	1,277	63,772		
043	RADIOISOTOPE	691	691	691	691	189,794		
044	LABORATORY	4,663	4,663	4,663	4,663	1,095,777		
046	WHOLE BLOOD & PACKED	252	252	252	252	56,600		
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,397	1,397	1,397	1,397	458,647		
049	01 SLEEP LAB	736	736	736	736	1,316		
050	PHYSICAL THERAPY	4,725	4,725	4,725	4,725	390,060		
051	OCCUPATIONAL THERAPY	168	168	168	168	60,135		
052	SPEECH PATHOLOGY	100	100	100	100	53,482		
053	ELECTROCARDIOLOGY	7,767	7,767	7,767	7,767	762,988		
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST C							
062	EMERGENCY	9,538	9,538	9,538	9,538	1,167,317		
065	OBSERVATION BEDS (NON							
065	OTHER REIMBURS COST C							
095	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CEN							
096	SUBTOTALS	205,053	205,053	205,053	205,053	21,079,116		-9,302,447
098	NONREIMBURS COST CENT							
100	GIFT, FLOWER, COFFEE	676	676	676	676			
100	PHYSICIANS' PRIVATE O	1,484	1,484	1,484	1,484			
100	OTHER NONREIMBURSABLE							
100	01 NON-REIMBURSABLE - SE	249	249	249	249	55,318		
100	02 NON-REIMBURSABLE - MA					61,519		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1		3,462,919	3,737,304	3,284,823		
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER	.000005		16.691823		.154974		
105	(WRKSHT B, PT I)				18.014403			
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
107	UNIT COST MULTIPLIER					24,294		
107	COST TO BE ALLOCATED							
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER					.001146		
108	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2008
 I 14-0184 I FROM 5/ 1/2007 I WORKSHEET B-1
 I I TO 4/30/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED 1)	(FTE'S)	(NURSING WAGES)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	50,976,578						
008	OPERATION OF PLANT	3,472,274	135,197					
009	LAUNDRY & LINEN SERVI	370,139	496	550,218				
010	HOUSEKEEPING	1,100,263	1,348		135,513			
011	DIETARY	1,833,950	3,665		3,665	194,942		
012	CAFETERIA	143,754	4,142		4,142	91,810	34,320	
014	NURSING ADMINISTRATIO	957,273	3,772		3,772		752	9,407,202
015	CENTRAL SERVICES & SU	481,827	2,331		2,331		633	
016	PHARMACY	1,414,096	2,099		2,099		1,281	
017	MEDICAL RECORDS & LIB	1,175,928	3,076		3,076		2,245	
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	7,625,567	36,992	255,302	36,992	62,932	7,980	3,645,975
026	INTENSIVE CARE UNIT	3,018,972	7,919	40,936	7,919	11,106	2,591	1,572,881
033	NURSERY	753,200	1,986	62,835	1,986		934	499,069
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	5,281,650	20,529	76,150	20,529		3,561	1,887,738
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	1,035,824	4,790		4,790		1,186	634,222
040	ANESTHESIOLOGY	272,661	595		595		33	
041	RADIOLOGY-DIAGNOSTIC	2,670,203	7,290	18,652	7,290		2,862	
041	01 ULTRASOUND	285,770	2,086		2,086		248	
041	02 CT SCAN	433,185	518		518		325	
041	03 MRI	225,836	1,277		1,277		128	
043	RADIOISOTOPE	819,450	691		691		255	
044	LABORATORY	3,439,582	4,663		4,663		3,044	
046	WHOLE BLOOD & PACKED	962,674	252		252		101	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	688,582	1,397		1,397		961	
049	01 SLEEP LAB	185,793	736		736		2	
050	PHYSICAL THERAPY	659,974	4,725	7,978	4,725		842	
051	OCCUPATIONAL THERAPY	58,978	168		168		80	
052	SPEECH PATHOLOGY	69,826	100		100		80	
053	ELECTROCARDIOLOGY	1,504,933	7,767	18,542	7,767		1,646	
055	MEDICAL SUPPLIES CHAR	4,453,119						
056	DRUGS CHARGED TO PATI	2,568,423						
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST C							
061	EMERGENCY	2,610,378	9,538	69,823	9,538		2,302	1,167,317
062	OBSERVATION BEDS (NON							
065	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	50,574,084	134,948	550,218	133,104	165,848	34,072	9,407,202
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	23,462			676			
098	PHYSICIANS' PRIVATE O	51,504			1,484	24,148		
100	OTHER NONREIMBURSABLE							
100	01 NON-REIMBURSABLE - SE	76,943	249		249	4,946	108	
100	02 NON-REIMBURSABLE - MA	250,585					140	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	9,302,447	4,105,912	452,747	1,341,983	2,316,217	1,427,644	1,315,152
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		30.369845		9.902983		41.598019	
105	(WRKSHT B, PT I)	.182485		.822850		11.881570		.139803
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	636,204	1,819,833	28,551	79,503	201,637	298,696	203,164
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		13.460602		.586682		8.703263	
108	(WRKSHT B, PT III)	.012480		.051890		1.034344		.021597

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		(COSTED REQUIS 1	(COSTED)REQUIS 2	(GROSS)CHARGES	(PATIENT)DAYS
		15	16	17	18
001	GENERAL SERVICE COST				
002	OLD CAP REL COSTS-BLD				
003	OLD CAP REL COSTS-MVB				
004	NEW CAP REL COSTS-BLD				
005	NEW CAP REL COSTS-MVB				
006	EMPLOYEE BENEFITS				
008	ADMINISTRATIVE & GENE				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVI				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
015	NURSING ADMINISTRATIO				
016	CENTRAL SERVICES & SU	7,739,259			
017	PHARMACY	11,290	2,568,618		
018	MEDICAL RECORDS & LIB	26,452		357,708,299	
018	SOCIAL SERVICE				27,040
025	INPAT ROUTINE SRVC CN				
026	ADULTS & PEDIATRICS	267,573		30,143,515	21,160
033	INTENSIVE CARE UNIT	126,021		8,889,071	3,672
037	NURSERY	44,038		1,807,003	2,208
037	ANCILLARY SRVC COST C				
038	OPERATING ROOM	1,306,434		47,265,771	
039	RECOVERY ROOM				
040	DELIVERY ROOM & LABOR	19,270		2,296,356	
041	ANESTHESIOLOGY	187,768		15,809,206	
041	RADIOLOGY-DIAGNOSTIC	65,063		12,077,562	
041 01	ULTRASOUND	3,646		7,601,046	
041 02	CT SCAN	43,661		20,300,001	
041 03	MRI	2,458		4,322,421	
043	RADIOISOTOPE	14,469		8,099,131	
044	LABORATORY	820,808		61,294,880	
046	WHOLE BLOOD & PACKED			3,054,174	
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY	64,252		8,869,861	
049 01	SLEEP LAB				
050	PHYSICAL THERAPY	15,193		4,521,172	
051	OCCUPATIONAL THERAPY			425,122	
052	SPEECH PATHOLOGY			136,649	
053	ELECTROCARDIOLOGY	366,218		32,210,996	
055	MEDICAL SUPPLIES CHAR	4,271,339		32,580,959	
056	DRUGS CHARGED TO PATI		2,568,618	37,087,406	
057	RENAL DIALYSIS				
059	OTHER				
059 02	OTHER				
061	OUTPAT SERVICE COST C				
062	EMERGENCY	79,167		18,915,997	
065	OBSERVATION BEDS (NON				
065	OTHER REIMBURS COST C				
095	AMBULANCE SERVICES				
095	SPEC PURPOSE COST CEN	7,735,120	2,568,618	357,708,299	27,040
096	SUBTOTALS				
098	NONREIMBURS COST CENT				
100	GIFT, FLOWER, COFFEE				
100 01	PHYSICIANS' PRIVATE O	3,863			
100 02	OTHER NONREIMBURSABLE	276			
101	NON-REIMBURSABLE - SE				
102	NON-REIMBURSABLE - MA				
103	CROSS FOOT ADJUSTMENT				
103	NEGATIVE COST CENTER	689,961	1,810,973	1,610,143	
104	COST TO BE ALLOCATED				
104	(PER WRKSHT B, PART				
105	UNIT COST MULTIPLIER		.705038		
105	(WRKSHT B, PT I)	.089151		.004501	
106	COST TO BE ALLOCATED				
106	(PER WRKSHT B, PART				
107	UNIT COST MULTIPLIER	125,338	132,427	185,367	
107	(WRKSHT B, PT II)				
108	COST TO BE ALLOCATED				
108	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER	.016195	.051556	.000518	
108	(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,465,878		12,465,878		12,465,878
26	INTENSIVE CARE UNIT	4,433,369		4,433,369		4,433,369
33	NURSERY	1,143,017		1,143,017		1,143,017
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,876,148		7,876,148		7,876,148
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	1,567,808		1,567,808		1,567,808
40	ANESTHESIOLOGY	435,650		435,650		435,650
41	RADIOLOGY-DIAGNOSTIC	3,645,627		3,645,627		3,645,627
41 01	ULTRASOUND	466,781		466,781		466,781
41 02	CT SCAN	641,878		641,878		641,878
41 03	MRI	343,475		343,475		343,475
43	RADIOISOTOPE	1,045,167		1,045,167		1,045,167
44	LABORATORY	4,730,835		4,730,835		4,730,835
46	WHOLE BLOOD & PACKED RED	1,166,445		1,166,445		1,166,445
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	956,126		956,126		956,126
49 01	SLEEP LAB	249,421		249,421		249,421
50	PHYSICAL THERAPY	1,033,994		1,033,994		1,033,994
51	OCCUPATIONAL THERAPY	81,748		81,748		81,748
52	SPEECH PATHOLOGY	90,538		90,538		90,538
53	ELECTROCARDIOLOGY	2,353,718		2,353,718		2,353,718
55	MEDICAL SUPPLIES CHARGED	5,793,186		5,793,186		5,793,186
56	DRUGS CHARGED TO PATIENTS	5,015,025		5,015,025		5,015,025
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,879,462		3,879,462		3,879,462
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	322,369		322,369		322,369
65	AMBULANCE SERVICES					
101	SUBTOTAL	59,737,665		59,737,665		59,737,665
102	LESS OBSERVATION BEDS	322,369		322,369		322,369
103	TOTAL	59,415,296		59,415,296		59,415,296

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,143,515		30,143,515			
26	INTENSIVE CARE UNIT	8,889,071		8,889,071			
33	NURSERY	1,807,003		1,807,003			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,907,197	18,358,574	47,265,771	.166635	.166635	.166635
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,218,883	77,473	2,296,356	.682737	.682737	.682737
40	ANESTHESIOLOGY	8,160,231	2,921,531	11,081,762	.039312	.039312	.039312
41	RADIOLOGY-DIAGNOSTIC	3,936,206	6,819,779	10,755,985	.338939	.338939	.338939
41 01	ULTRASOUND	3,573,139	4,027,907	7,601,046	.061410	.061410	.061410
41 02	CT SCAN	8,397,425	11,902,576	20,300,001	.031620	.031620	.031620
41 03	MRI	464,187	3,858,234	4,322,421	.079464	.079464	.079464
43	RADIOISOTOPE	3,679,614	4,419,517	8,099,131	.129047	.129047	.129047
44	LABORATORY	34,546,842	26,748,038	61,294,880	.077182	.077182	.077182
46	WHOLE BLOOD & PACKED RED	2,241,879	812,295	3,054,174	.381918	.381918	.381918
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,186,007	683,854	8,869,861	.107795	.107795	.107795
49 01	SLEEP LAB	214,023	2,092,747	2,306,770	.108126	.108126	.108126
50	PHYSICAL THERAPY	2,528,916	1,992,256	4,521,172	.228700	.228700	.228700
51	OCCUPATIONAL THERAPY	284,982	140,140	425,122	.192293	.192293	.192293
52	SPEECH PATHOLOGY	80,935	55,714	136,649	.662559	.662559	.662559
53	ELECTROCARDIOLOGY	20,211,791	9,692,434	29,904,225	.078709	.078709	.078709
55	MEDICAL SUPPLIES CHARGED	26,257,867	6,323,092	32,580,959	.177809	.177809	.177809
56	DRUGS CHARGED TO PATIENTS	26,471,224	10,616,182	37,087,406	.135222	.135222	.135222
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,002,594	12,913,403	18,915,997	.205089	.205089	.205089
62	OBSERVATION BEDS (NON-DIS	245,012	709,893	954,905	.337593	.337593	.337593
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	227,448,543	125,165,639	352,614,182			
102	LESS OBSERVATION BEDS						
103	TOTAL	227,448,543	125,165,639	352,614,182			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2008
I 14-0184	I FROM 5/ 1/2007	I WORKSHEET C
	I TO 4/30/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,465,878		12,465,878		12,465,878
26	INTENSIVE CARE UNIT	4,433,369		4,433,369		4,433,369
33	NURSERY	1,143,017		1,143,017		1,143,017
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,876,148		7,876,148		7,876,148
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	1,567,808		1,567,808		1,567,808
40	ANESTHESIOLOGY	435,650		435,650		435,650
41	RADIOLOGY-DIAGNOSTIC	3,645,627		3,645,627		3,645,627
41 01	ULTRASOUND	466,781		466,781		466,781
41 02	CT SCAN	641,878		641,878		641,878
41 03	MRI	343,475		343,475		343,475
43	RADIOISOTOPE	1,045,167		1,045,167		1,045,167
44	LABORATORY	4,730,835		4,730,835		4,730,835
46	WHOLE BLOOD & PACKED RED	1,166,445		1,166,445		1,166,445
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	956,126		956,126		956,126
49 01	SLEEP LAB	249,421		249,421		249,421
50	PHYSICAL THERAPY	1,033,994		1,033,994		1,033,994
51	OCCUPATIONAL THERAPY	81,748		81,748		81,748
52	SPEECH PATHOLOGY	90,538		90,538		90,538
53	ELECTROCARDIOLOGY	2,353,718		2,353,718		2,353,718
55	MEDICAL SUPPLIES CHARGED	5,793,186		5,793,186		5,793,186
56	DRUGS CHARGED TO PATIENTS	5,015,025		5,015,025		5,015,025
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,879,462		3,879,462		3,879,462
62	OBSERVATION BEDS (NON-DIS	322,369		322,369		322,369
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	59,737,665		59,737,665		59,737,665
102	LESS OBSERVATION BEDS	322,369		322,369		322,369
103	TOTAL	59,415,296		59,415,296		59,415,296

COMPUTATION OF RATIO OF COSTS TO CHARGES

I 14-0184

I FROM 5/ 1/2007

I WORKSHEET C

SPECIAL TITLE XIX WORKSHEET

I

I TO 4/30/2008

I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,143,515		30,143,515			
26	INTENSIVE CARE UNIT	8,889,071		8,889,071			
33	NURSERY	1,807,003		1,807,003			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,907,197	18,358,574	47,265,771	.166635	.166635	.166635
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,218,883	77,473	2,296,356	.682737	.682737	.682737
40	ANESTHESIOLOGY	8,160,231	2,921,531	11,081,762	.039312	.039312	.039312
41	RADIOLOGY-DIAGNOSTIC	3,936,206	6,819,779	10,755,985	.338939	.338939	.338939
41 01	ULTRASOUND	3,573,139	4,027,907	7,601,046	.061410	.061410	.061410
41 02	CT SCAN	8,397,425	11,902,576	20,300,001	.031620	.031620	.031620
41 03	MRI	464,187	3,858,234	4,322,421	.079464	.079464	.079464
43	RADIOISOTOPE	3,679,614	4,419,517	8,099,131	.129047	.129047	.129047
44	LABORATORY	34,546,842	26,748,038	61,294,880	.077182	.077182	.077182
46	WHOLE BLOOD & PACKED RED	2,241,879	812,295	3,054,174	.381918	.381918	.381918
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,186,007	683,854	8,869,861	.107795	.107795	.107795
49 01	SLEEP LAB	214,023	2,092,747	2,306,770	.108126	.108126	.108126
50	PHYSICAL THERAPY	2,528,916	1,992,256	4,521,172	.228700	.228700	.228700
51	OCCUPATIONAL THERAPY	284,982	140,140	425,122	.192293	.192293	.192293
52	SPEECH PATHOLOGY	80,935	55,714	136,649	.662559	.662559	.662559
53	ELECTROCARDIOLOGY	20,211,791	9,692,434	29,904,225	.078709	.078709	.078709
55	MEDICAL SUPPLIES CHARGED	26,257,867	6,323,092	32,580,959	.177809	.177809	.177809
56	DRUGS CHARGED TO PATIENTS	26,471,224	10,616,182	37,087,406	.135222	.135222	.135222
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,002,594	12,913,403	18,915,997	.205089	.205089	.205089
62	OBSERVATION BEDS (NON-DIS	245,012	709,893	954,905	.337593	.337593	.337593
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	227,448,543	125,165,639	352,614,182			
102	LESS OBSERVATION BEDS						
103	TOTAL	227,448,543	125,165,639	352,614,182			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	7,876,148	1,190,293	6,685,855			7,876,148
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	1,567,808	272,704	1,295,104			1,567,808
41	ANESTHESIOLOGY	435,650	44,065	391,585			435,650
41	RADIOLOGY-DIAGNOSTIC	3,645,627	423,552	3,222,075			3,645,627
41	01 ULTRASOUND	466,781	111,573	355,208			466,781
41	02 CT SCAN	641,878	44,896	596,982			641,878
41	03 MRI	343,475	68,541	274,934			343,475
43	RADIOISOTOPE	1,045,167	50,781	994,386			1,045,167
44	LABORATORY	4,730,835	343,132	4,387,703			4,730,835
46	WHOLE BLOOD & PACKED RED	1,166,445	26,826	1,139,619			1,166,445
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	956,126	91,228	864,898			956,126
49	01 SLEEP LAB	249,421	38,221	211,200			249,421
50	PHYSICAL THERAPY	1,033,994	249,373	784,621			1,033,994
51	OCCUPATIONAL THERAPY	81,748	9,911	71,837			81,748
52	SPEECH PATHOLOGY	90,538	6,574	83,964			90,538
53	ELECTROCARDIOLOGY	2,353,718	436,228	1,917,490			2,353,718
55	MEDICAL SUPPLIES CHARGED	5,793,186	141,627	5,651,559			5,793,186
56	DRUGS CHARGED TO PATIENTS	5,015,025	183,692	4,831,333			5,015,025
57	RENAL DIALYSIS						
59	OTHER						
59	02 OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,879,462	558,876	3,320,586			3,879,462
62	OBSERVATION BEDS (NON-DIS	322,369	55,781	266,588			322,369
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	41,695,401	4,347,874	37,347,527			41,695,401
102	LESS OBSERVATION BEDS	322,369	55,781	266,588			322,369
103	TOTAL	41,373,032	4,292,093	37,080,939			41,373,032

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	47,265,771	.166635	.166635
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	2,296,356	.682737	.682737
40	ANESTHESIOLOGY	11,081,762	.039312	.039312
41	RADIOLOGY-DIAGNOSTIC	10,755,985	.338939	.338939
41 01	ULTRASOUND	7,601,046	.061410	.061410
41 02	CT SCAN	20,300,001	.031620	.031620
41 03	MRI	4,322,421	.079464	.079464
43	RADIOISOTOPE	8,099,131	.129047	.129047
44	LABORATORY	61,294,880	.077182	.077182
46	WHOLE BLOOD & PACKED RED	3,054,174	.381918	.381918
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,869,861	.107795	.107795
49 01	SLEEP LAB	2,306,770	.108126	.108126
50	PHYSICAL THERAPY	4,521,172	.228700	.228700
51	OCCUPATIONAL THERAPY	425,122	.192293	.192293
52	SPEECH PATHOLOGY	136,649	.662559	.662559
53	ELECTROCARDIOLOGY	29,904,225	.078709	.078709
55	MEDICAL SUPPLIES CHARGED	32,580,959	.177809	.177809
56	DRUGS CHARGED TO PATIENTS	37,087,406	.135222	.135222
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,915,997	.205089	.205089
62	OBSERVATION BEDS (NON-DIS	954,905	.337593	.337593
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	311,774,593		
102	LESS OBSERVATION BEDS	954,905		
103	TOTAL	310,819,688		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	7,876,148	1,190,293	6,685,855	119,029	387,780	7,369,339
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	1,567,808	272,704	1,295,104	27,270	75,116	1,465,422
41	ANESTHESIOLOGY	435,650	44,065	391,585	4,407	22,712	408,531
41	RADIOLOGY-DIAGNOSTIC	3,645,627	423,552	3,222,075	42,355	186,880	3,416,392
41 01	ULTRASOUND	466,781	111,573	355,208	11,157	20,602	435,022
41 02	CT SCAN	641,878	44,896	596,982	4,490	34,625	602,763
41 03	MRI	343,475	68,541	274,934	6,854	15,946	320,675
43	RADIOISOTOPE	1,045,167	50,781	994,386	5,078	57,674	982,415
44	LABORATORY	4,730,835	343,132	4,387,703	34,313	254,487	4,442,035
46	WHOLE BLOOD & PACKED RED	1,166,445	26,826	1,139,619	2,683	66,098	1,097,664
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	956,126	91,228	864,898	9,123	50,164	896,839
49 01	SLEEP LAB	249,421	38,221	211,200	3,822	12,250	233,349
50	PHYSICAL THERAPY	1,033,994	249,373	784,621	24,937	45,508	963,549
51	OCCUPATIONAL THERAPY	81,748	9,911	71,837	991	4,167	76,590
52	SPEECH PATHOLOGY	90,538	6,574	83,964	657	4,870	85,011
53	ELECTROCARDIOLOGY	2,353,718	436,228	1,917,490	43,623	111,214	2,198,881
55	MEDICAL SUPPLIES CHARGED	5,793,186	141,627	5,651,559	14,163	327,790	5,451,233
56	DRUGS CHARGED TO PATIENTS	5,015,025	183,692	4,831,333	18,369	280,217	4,716,439
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,879,462	558,876	3,320,586	55,888	192,594	3,630,980
62	OBSERVATION BEDS (NON-DIS	322,369	55,781	266,588	5,578	15,462	301,329
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	41,695,401	4,347,874	37,347,527	434,787	2,166,156	39,094,458
102	LESS OBSERVATION BEDS	322,369	55,781	266,588	5,578	15,462	301,329
103	TOTAL	41,373,032	4,292,093	37,080,939	429,209	2,150,694	38,793,129

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	47,265,771	.155913	.164117
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	2,296,356	.638151	.670862
41	ANESTHESIOLOGY	11,081,762	.036865	.038915
41	RADIOLOGY-DIAGNOSTIC	10,755,985	.317627	.335002
41 01	ULTRASOUND	7,601,046	.057232	.059942
41 02	CT SCAN	20,300,001	.029693	.031398
41 03	MRI	4,322,421	.074189	.077878
43	RADIOISOTOPE	8,099,131	.121299	.128420
44	LABORATORY	61,294,880	.072470	.076622
46	WHOLE BLOOD & PACKED RED	3,054,174	.359398	.381040
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,869,861	.101111	.106766
49 01	SLEEP LAB	2,306,770	.101158	.106469
50	PHYSICAL THERAPY	4,521,172	.213119	.223185
51	OCCUPATIONAL THERAPY	425,122	.180160	.189962
52	SPEECH PATHOLOGY	136,649	.622112	.657751
53	ELECTROCARDIOLOGY	29,904,225	.073531	.077250
55	MEDICAL SUPPLIES CHARGED	32,580,959	.167313	.177374
56	DRUGS CHARGED TO PATIENTS	37,087,406	.127171	.134726
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,915,997	.191953	.202134
62	OBSERVATION BEDS (NON-DIS	954,905	.315559	.331751
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	311,774,593		
102	LESS OBSERVATION BEDS	954,905		
103	TOTAL	310,819,688		

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WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				2,149,330	7,692	2,141,638
26	ADULTS & PEDIATRICS				502,337		502,337
33	INTENSIVE CARE UNIT				130,614		130,614
101	NURSERY				2,782,281		2,774,589
	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	21,462	11,890			99.79	1,186,503
26	ADULTS & PEDIATRICS	3,672	2,123			136.80	290,426
33	INTENSIVE CARE UNIT	2,208				59.15	
101	NURSERY	27,342	14,013				1,476,929
	TOTAL						

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WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,190,293	47,265,771	13,735,324		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		272,704	2,296,356	21,198		
41	ANESTHESIOLOGY		44,065	11,081,762	2,340,981		
41	RADIOLOGY-DIAGNOSTIC		423,552	10,755,985	2,351,462		
41 01	ULTRASOUND		111,573	7,601,046	2,324,065		
41 02	CT SCAN		44,896	20,300,001	4,785,173		
41 03	MRI		68,541	4,322,421	222,514		
43	RADIOISOTOPE		50,781	8,099,131	1,972,894		
44	LABORATORY		343,132	61,294,880	20,039,833		
46	WHOLE BLOOD & PACKED RED		26,826	3,054,174	1,514,765		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		91,228	8,869,861	5,164,026		
49 01	SLEEP LAB		38,221	2,306,770	123,098		
50	PHYSICAL THERAPY		249,373	4,521,172	1,711,200		
51	OCCUPATIONAL THERAPY		9,911	425,122	192,471		
52	SPEECH PATHOLOGY		6,574	136,649	59,816		
53	ELECTROCARDIOLOGY		436,228	29,904,225	10,990,807		
55	MEDICAL SUPPLIES CHARGED		141,627	32,580,959	14,165,137		
56	DRUGS CHARGED TO PATIENTS		183,692	37,087,406	14,923,160		
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		558,876	18,915,997	3,231,377		
62	OBSERVATION BEDS (NON-DIS		55,781	954,905	61,356		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		4,347,874	311,774,593	99,930,657		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2008
I 14-0184	I FROM 5/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 4/30/2008	I PART II
I 14-0184	I	I

TITLE XVIII, PART A

HOSPITAL

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WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.025183	345,897
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.118755	2,517
40	ANESTHESIOLOGY	.003976	9,308
41	RADIOLOGY-DIAGNOSTIC	.039378	92,596
41 01	ULTRASOUND	.014679	34,115
41 02	CT SCAN	.002212	10,585
41 03	MRI	.015857	3,528
43	RADIOISOTOPE	.006270	12,370
44	LABORATORY	.005598	112,183
46	WHOLE BLOOD & PACKED RED	.008783	13,304
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.010285	53,112
49 01	SLEEP LAB	.016569	2,040
50	PHYSICAL THERAPY	.055157	94,385
51	OCCUPATIONAL THERAPY	.023313	4,487
52	SPEECH PATHOLOGY	.048109	2,878
53	ELECTROCARDIOLOGY	.014588	160,334
55	MEDICAL SUPPLIES CHARGED	.004347	61,576
56	DRUGS CHARGED TO PATIENTS	.004953	73,914
57	RENAL DIALYSIS		
59	OTHER		
59 02	OTHER		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.029545	95,471
62	OBSERVATION BEDS (NON-DIS	.058415	3,584
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,188,184

Health Financial Systems	MCRIF32	FOR MARION MEMORIAL HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(11/1998)
			I	PREPARED 9/29/2008
APPORTIONMENT OF INPATIENT ROUTINE			I	WORKSHEET D
SERVICE OTHER PASS THROUGH COSTS			I	PART III
TITLE XVIII, PART A				

PROVIDER NO:	I PERIOD:	I
14-0184	I FROM 5/ 1/2007	I
	I TO 4/30/2008	I

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WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					21,462	
26	INTENSIVE CARE UNIT					3,672	
33	NURSERY					2,208	
101	TOTAL					27,342	

Health Financial Systems MCRIF32 FOR MARION MEMORIAL HOSPITAL

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)
I PROVIDER NO: I PERIOD: I PREPARED 9/29/2008
I 14-0184 I FROM 5/ 1/2007 I WORKSHEET D
I TO 4/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,890	
26	INTENSIVE CARE UNIT	2,123	
33	NURSERY		
101	TOTAL	14,013	

HOSPITAL

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WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.			1	1.01	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	ULTRASOUND						
41	02	CT SCAN						
41	03	MRI						
43		RADIOISOTOPE						
44		LABORATORY						
46		WHOLE BLOOD & PACKED RED						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
59		OTHER						
59	02	OTHER						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

TITLE XVIII, PART A

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			47,265,771			13,735,324	
38	OPERATING ROOM							
39	RECOVERY ROOM			2,296,356			21,198	
40	DELIVERY ROOM & LABOR ROO			11,081,762			2,340,981	
41	ANESTHESIOLOGY			10,755,985			2,351,462	
41	RADIOLOGY-DIAGNOSTIC			7,601,046			2,324,065	
41 01	ULTRASOUND			20,300,001			4,785,173	
41 02	CT SCAN			4,322,421			222,514	
41 03	MRI			8,099,131			1,972,894	
43	RADIOISOTOPE			61,294,880			20,039,833	
44	LABORATORY			3,054,174			1,514,765	
46	WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY			8,869,861			5,164,026	
49	RESPIRATORY THERAPY			2,306,770			123,098	
49 01	SLEEP LAB			4,521,172			1,711,200	
50	PHYSICAL THERAPY			425,122			192,471	
51	OCCUPATIONAL THERAPY			136,649			59,816	
52	SPEECH PATHOLOGY			29,904,225			10,990,807	
53	ELECTROCARDIOLOGY			32,580,959			14,165,137	
55	MEDICAL SUPPLIES CHARGED			37,087,406			14,923,160	
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	OTHER							
59 02	OTHER							
61	OUTPAT SERVICE COST CNTRS			18,915,997			3,231,377	
62	EMERGENCY			954,905			61,356	
62	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			311,774,593			99,930,657	

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HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,889,804	1,869,020				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	513,984	247,587				
41	RADIOLOGY-DIAGNOSTIC	1,193,407	602,975				
41 01	ULTRASOUND	1,087,950	517,118				
41 02	CT SCAN	2,737,241	1,309,577				
41 03	MRI	878,919	480,968				
43	RADIOISOTOPE	1,584,724	606,131				
44	LABORATORY	533,728	238,940				
46	WHOLE BLOOD & PACKED RED	271,072	191,676				
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	184,973	117,914				
49 01	SLEEP LAB	310,645	322,083				
50	PHYSICAL THERAPY	94,970	25,800				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,912,340	1,546,358				
55	MEDICAL SUPPLIES CHARGED	1,467,353	753,127				
56	DRUGS CHARGED TO PATIENTS	3,293,357	1,006,286				
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,189,740	683,914				
62	OBSERVATION BEDS (NON-DIS	48,105	29,636				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	22,192,312	10,549,110				

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.166635	.166635			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.682737	.682737			
40	ANESTHESIOLOGY	.039312	.039312			
41	RADIOLOGY-DIAGNOSTIC	.338939	.338939			
41 01	ULTRASOUND	.061410	.061410			
41 02	CT SCAN	.031620	.031620			
41 03	MRI	.079464	.079464			
43	RADIOISOTOPE	.129047	.129047			
44	LABORATORY	.077182	.077182			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.381918	.381918			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.107795	.107795			
49 01	SLEEP LAB	.108126	.108126			
50	PHYSICAL THERAPY	.228700	.228700			
51	OCCUPATIONAL THERAPY	.192293	.192293			
52	SPEECH PATHOLOGY	.662559	.662559			
53	ELECTROCARDIOLOGY	.078709	.078709			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.177809	.177809			
56	DRUGS CHARGED TO PATIENTS	.135222	.135222			
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.205089	.205089			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.337593	.337593			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,889,804		1,869,020	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		513,984		247,587	
41	RADIOLOGY-DIAGNOSTIC		1,193,407		602,975	
41 01	ULTRASOUND		1,087,950		517,118	
41 02	CT SCAN		2,737,241		1,309,577	
41 03	MRI		878,919		480,968	
43	RADIOISOTOPE		1,584,724		606,131	
44	LABORATORY		533,728		238,940	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		271,072		191,676	
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		184,973		117,914	
49 01	SLEEP LAB		310,645		322,083	
50	PHYSICAL THERAPY		94,970		25,800	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,912,340		1,546,358	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,467,353		753,127	
56	DRUGS CHARGED TO PATIENTS		3,293,357		1,006,286	
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,189,740		683,914	
62	OBSERVATION BEDS (NON-DISTINCT PART)		48,105		29,636	
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		22,192,312		10,549,110	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		22,192,312		10,549,110	

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS				648,177	
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				20,206	
41	RADIOLOGY-DIAGNOSTIC				404,492	
41 01	ULTRASOUND				66,811	
41 02	CT SCAN				86,552	
41 03	MRI				69,842	
43	RADIOISOTOPE				204,504	
44	LABORATORY				41,194	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				103,527	
48	INTRAVENOUS THERAPY				19,939	
49	RESPIRATORY THERAPY				33,589	
49 01	SLEEP LAB				21,720	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				229,227	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				260,909	
56	DRUGS CHARGED TO PATIENTS				445,334	
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS				244,003	
61	EMERGENCY				16,240	
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				2,916,266	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				2,916,266	

TITLE XVIII, PART B

HOSPITAL

		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	Cost Center Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	311,444		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	9,733		
41	RADIOLOGY-DIAGNOSTIC	204,372		
41 01	ULTRASOUND	31,756		
41 02	CT SCAN	41,409		
41 03	MRI	38,220		
43	RADIOISOTOPE	78,219		
44	LABORATORY	18,442		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	73,205		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	12,711		
49 01	SLEEP LAB	34,826		
50	PHYSICAL THERAPY	5,900		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	121,712		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	133,913		
56	DRUGS CHARGED TO PATIENTS	136,072		
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	140,263		
62	OBSERVATION BEDS (NON-DISTINCT PART)	10,005		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1,402,202		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES	1,402,202		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,717
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,462
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	622
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,840
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	255
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,890
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	222
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	169.46
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	174.94
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,465,878
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	44,610
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	44,610
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,421,268

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,663,148
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	791,264
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,871,884
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.703231
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,272.13
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	809.59
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	462.54
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	325.27
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	202,318
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,218,950

TITLE XVIII PART A	HOSPITAL	PPS
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PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	578.76
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,881,456
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,881,456

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	4,433,369	3,672	1,207.34	2,123	2,563,183
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				13,006,923
49	TOTAL PROGRAM INPATIENT COSTS				22,451,562

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,476,929
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,188,184
52	TOTAL PROGRAM EXCLUDABLE COST	2,665,113
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	19,786,449

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	38,837
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	38,837
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 557
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 578.76
 85 OBSERVATION BED COST 322,369

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		12,421,268		322,369	
87 NEW CAPITAL-RELATED COST	2,149,330	12,421,268	.173036	322,369	55,781
88 NON PHYSICIAN ANESTHETIST		12,421,268		322,369	
89 MEDICAL EDUCATION		12,421,268		322,369	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS		17,501,948		
26	ADULTS & PEDIATRICS		5,130,559		
	INTENSIVE CARE UNIT				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.166635	13,735,324	2,288,786	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.682737	21,198	14,473	
40	ANESTHESIOLOGY	.039312	2,340,981	92,029	
41	RADIOLOGY-DIAGNOSTIC	.338939	2,351,462	797,002	
41 01	ULTRASOUND	.061410	2,324,065	142,721	
41 02	CT SCAN	.031620	4,785,173	151,307	
41 03	MRI	.079464	222,514	17,682	
43	RADIOISOTOPE	.129047	1,972,894	254,596	
44	LABORATORY	.077182	20,039,833	1,546,714	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.381918	1,514,765	578,516	
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	.107795	5,164,026	556,656	
49 01	SLEEP LAB	.108126	123,098	13,310	
50	PHYSICAL THERAPY	.228700	1,711,200	391,351	
51	OCCUPATIONAL THERAPY	.192293	192,471	37,011	
52	SPEECH PATHOLOGY	.662559	59,816	39,632	
53	ELECTROCARDIOLOGY	.078709	10,990,807	865,075	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.177809	14,165,137	2,518,689	
56	DRUGS CHARGED TO PATIENTS	.135222	14,923,160	2,017,940	
57	RENAL DIALYSIS				
59	OTHER				
59 02	OTHER				
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	.205089	3,231,377	662,720	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.337593	61,356	20,713	
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL		99,930,657	13,006,923	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		99,930,657		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2008
I 14-0184	I FROM 5/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 4/30/2008	I PART A
I 14-0184	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	6,511,232	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,628,541	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	5,982,253	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	595,848	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	90.04	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.80	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	25.72	
4.02 SUM OF LINES 4 AND 4.01	30.52	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	14.39	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,463,860	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	20,181,734	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	19,567,563	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,181,734	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,577,150	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	21,758,884	
17 PRIMARY PAYER PAYMENTS	8,281	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21,750,603	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,055,520	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	36,408	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	366,324	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	256,427	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	305,464	
22 SUBTOTAL	19,915,102	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	19,915,102	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	19,682,249	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	232,853	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	101,705	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2008
I	14-0184	I	FROM 5/ 1/2007	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 4/30/2008	I	PART B	
I	14-0184	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,916,266	1,402,202
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,049,666	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.836	
1.04	LINE 1.01 TIMES LINE 1.03.	2,437,998	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,049,666	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	3,824	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,154,039	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,891,803	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,891,803	
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL	2,891,803	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	258,678	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	181,075	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	217,288	
28	SUBTOTAL	3,072,878	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	3,072,878	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	3,317,572	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-244,694	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2008
I	14-0184	I	FROM 5/ 1/2007	I	WORKSHEET E-1
I	COMPONENT NO:	I	TO 4/30/2008	I	
I	14-0184	I		I	

HOSPITAL

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII
 SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		74,288		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		74,288		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO:	I PERIOD:	I PREPARED	9/29/2008
I 14-0184	I FROM 5/ 1/2007	I	
I COMPONENT NO:	I TO 4/30/2008	I WORKSHEET E-2	
I 14-U184	I	I	

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A
1PART B
2

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	74,288
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
5	PROGRAM DAYS	222
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY	
8	SUBTOTAL	74,288
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	
10	SUBTOTAL	74,288
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)	
12	SUBTOTAL	74,288
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	
14	80% OF PART B COSTS	
15	SUBTOTAL	74,288
16	OTHER ADJUSTMENTS (SPECIFY)	
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL	74,288
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
20	INTERIM PAYMENTS	74,288
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-904,700			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	18,367,205			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,811,798			
7 INVENTORY	2,725,314			
8 PREPAID EXPENSES	578,186			
9 OTHER CURRENT ASSETS	371,042			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	19,325,249			
FIXED ASSETS				
12 LAND	1,426,860			
12.01 LAND IMPROVEMENTS	515,435			
13.01 LESS ACCUMULATED DEPRECIATION	-181,223			
14 BUILDINGS	42,209,827			
14.01 LESS ACCUMULATED DEPRECIATION	-4,567,752			
15 LEASEHOLD IMPROVEMENTS	1,959,846			
15.01 LESS ACCUMULATED DEPRECIATION	-231,237			
16 FIXED EQUIPMENT	1,812,871			
16.01 LESS ACCUMULATED DEPRECIATION	-1,036,598			
17 AUTOMOBILES AND TRUCKS	74,955			
17.01 LESS ACCUMULATED DEPRECIATION	-58,457			
18 MAJOR MOVABLE EQUIPMENT	13,769,873			
18.01 LESS ACCUMULATED DEPRECIATION	-9,504,766			
19 MINOR EQUIPMENT DEPRECIABLE	5,118,212			
19.01 LESS ACCUMULATED DEPRECIATION	-4,017,646			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	47,290,200			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	6,549,033			
26 TOTAL OTHER ASSETS	6,549,033			
27 TOTAL ASSETS	73,164,482			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,169,629			
29 SALARIES, WAGES & FEES PAYABLE	1,844,136			
30 PAYROLL TAXES PAYABLE	241,441			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-63,886,966			
35 OTHER CURRENT LIABILITIES	258,734			
36 TOTAL CURRENT LIABILITIES	-56,373,026			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	-56,373,026			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	129,537,508			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	129,537,508			
52 TOTAL LIABILITIES AND FUND BALANCES	73,164,482			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		102,937,832
2 OF PERIOD		
3 NET INCOME (LOSS)		20,550,911
4 TOTAL		123,488,743
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		123,488,743
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		123,488,743
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	31,950,518		31,950,518
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	31,950,518		31,950,518
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,889,071		8,889,071
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,889,071		8,889,071
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,839,589		40,839,589
17 00 ANCILLARY SERVICES	186,608,954		186,608,954
18 00 OUTPATIENT SERVICES		125,165,639	125,165,639
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	227,448,543	125,165,639	352,614,182

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	80,342,600
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	80,342,600

STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 14-0184 I PERIOD: FROM 5/1/2007 TO 4/30/2008 I
 PREPARED 9/29/2008 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	352,614,182
2	LESS: ALLOWANCES AND DISCOUNTS ON	251,899,048
3	NET PATIENT REVENUES	100,715,134
4	LESS: TOTAL OPERATING EXPENSES	80,342,600
5	NET INCOME FROM SERVICE TO PATIENT	20,372,534
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	178,377
25	TOTAL OTHER INCOME	178,377
26	TOTAL	20,550,911
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	20,550,911

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2008
I	14-0184	I	FROM	5/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO	4/30/2008	I	PARTS I-IV
I	14-0184	I			I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,577,150
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	67.15
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,577,150

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0184	I	FROM 5/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 4/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/29/2008 TIME 16:58

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES UNDER THE FLORIDA MEDICAID PROGRAM, INCLUDING THE LAWS AND REGULATIONS RELATING TO CLAIMS FOR MEDICAID REIMBURSEMENTS AND PAYMENTS, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	232,853	-244,694	0	
3 SWING BED - SNF	0	0	0	0	
100 TOTAL	0	232,853	-244,694	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.